

# Cunningham Falls

14039 Catoctin Hollow Rd, Thurmont, MD 21788

*Wear comfortable clothing & comfortable athletic/hiking shoes! Hiking trails may be strenuous. Bring a bathing suit, towel and change of clothes. We will be swimming! Bring water and lunch or snacks! Concessions will be available at the park also. Bring money if you want to purchase food.*



Questions?

Call Maura Dinwiddie or Sara Morgan  
301-258-6350 or 301-258-6440  
mdinwiddie@gaithersburgmd.gov  
smorgan@gaithersburgmd.gov



**Monday, August 15, 2016**  
**9:00am - 3:00pm**

The trip returns at 3:00pm, but the Youth Center will be open until 6pm.

**Depart from/Return to**  
**Olde Towne Youth Center**

**301 Teachers Way**  
**Gaithersburg, MD 20877**

**GYC & Student Union**  
**(Grades 6-12)**

**FREE!!!!**



*Gaithersburg*  
A CHARACTER COUNTS! City

## Cunningham Falls - GYC & Student Union - 8/15/16

☐ Check here if new address/phone since last time registered.

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐

Email \_\_\_\_\_

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade	School
			Cunningham Falls	45666	OTYC	8/15/16		
			Cunningham Falls	45666	OTYC	8/15/16		

*I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.*

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
**Please specify:**

*The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.*

**Office Use Only: # 45666**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_